MAXIMUS Federal Services

Case Number:	CM13-0019679		
Date Assigned:	10/11/2013	Date of Injury:	08/05/2005
Decision Date:	02/21/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 32 year old injured worker with a date of injury of 08/09/2013. The listed diagnosis per [redacted] dated 07/26/2013 is major depression. According to report dated 07/26/2013 by [redacted], patient presents for a follow up for major depression. Patient states not much has changed and she still has to rely on her husband for help in regards to regular home tasks. The patient reports sleep is up and down and sometimes sleeps as little as 4-5 hours. Patient's anxiety was noted as high and reports "she remain quite unsure of her everyday surroundings." Mental examination showed patient is alert and oriented x4. It was also noted that patient was well dressed and groomed. No paraphasic or gross grammatical errors. Patient's current medications include Bupropion IR, Cymbalta and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

In home services: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: This patient presents with major depression. Report dated 07/26/2013, states that the patient is alert and oriented x4, well dressed and groomed. It was also noted patient recently had a vocational rehab evaluation. Another report dated 05/17/2013; notes patient "occasionally does grocery shopping, but is frequently forgetful and makes errors." The California MTUS, pg. 51 states the following regarding home services: "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The medical records provided for review do not specify what help this patient requires and for what medical reason. The request does not specify for how many hours and for what duration. The medical records do not indicate that the patient is "homebound." In addition, according to MTUS, medical treatment does not include "homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The request for in home services is not medically necessary and appropriate.